DOCUMENT RESUME

ED 478 689 CG 032 490

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TITLE	Evidence Based Research: Implications for Counselor Educators.
PUB DATE	2003-07-00
NOTE	9p.
PUB TYPE	Information Analyses (070)
EDRS PRICE	EDRS Price MF01/PC01 Plus Postage.
DESCRIPTORS	*Counseling; Counselor Educators; *Counselor Training; Medical Services; *Research; Teaching Methods; *Theory Practice Relationship
IDENTIFIERS	*Evidence Based Practice

ABSTRACT

For the past decade, the practice of evidence based research (EBR) in treatment decisions has been a standard in the medical field, and is quickly becoming a standard of practice in other human service fields. Counselor educators are faced with the necessity to begin to implement EBR into their teaching and scholarship, but have limited knowledge and resources with which to begin this integration. Using Reynolds' (2000) steps for integrating EBR with counseling, a five-step plan that counselor educators can use in their integration of EBR into their education practices is presented. (Contains 10 references.) (Author)

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CG CGTR 0081

ED 478 689

Running Head: EVIDENCED BASED RESEARCH

Evidence Based Research:

Implications for Counselor Educators

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Abstract

For the past decade, the practice of evidence based research (EBR) in treatment decisions has been a standard in the medical field, and is quickly becoming a standard of practice in other human service fields. Counselor educators are faced with the necessity to begin to implement EBR into their teaching and scholarship, but have limited knowledge and resources with which to begin this integration. Using Reynolds' (2000) steps for integrating EBR with counseling, a five-step plan that counselor educators can use in their integration of EBR into their education practices is presented.

Evidence Based Research:

Implications for Counselor Educators

The term *evidence based research* (EBR) refers to scientifically-based investigations concerning the effectiveness of a treatment, intervention, program or practice. When one thinks of EBR in this regard, one thinks of medicine or the world of science. However EBR is far reaching and is becoming the gold standard in education, mental health, poverty reduction, crime prevention, and economic development (Baron, 2002).

The Coalition for Evidenced Based Policy (2002) recommends a strategy for the U. S. Department of Education, focusing on building the knowledge base of proven effective educational interventions. The report also suggests strong incentives for the use of such proven interventions by individuals receiving federal education money (Coalition for Evidence Based Policy).

Counselor educators are faced with the challenge of preparing new counselors for employment in practices where evidence based interventions is becoming the standard of care. EBR is the "conscientious, explicit and judicious use of current best evidence in making decisions about the individual care of patients" (Dinant, 1997, p. 1109). The concept of using current research to match treatments appropriately to clients is gaining momentum among insurance companies, government agencies and professional organizations (Whiston & Coker, 2000). Counselor educators and their programs wishing to adopt evidence-based foundations for clinical training should consider "more than just identifying and adopting research results" (Sexton, 2000, p. 224).

The standards set forth by EBR should drive how counselor educators train school and mental health counselors. For example, the new National Model for School Counseling (American School Counseling Association, 2003) emphasizes that accountability is one of four major areas in which school counselors are required to have training and knowledge. Therefore, school counselors must know how to collect, analyze and use data that link their interventions to student achievement (Myrick, 2003). Similar examples can be found across counseling specialty areas.

The Challenge

Counseling is becoming more empirically based in its delivery (Whiston, 2002). Counselors are expected to meet the needs of their diverse clients and discard practices that are not effective. It is essential for counselors to have the knowledge and ability to assess client problems, and to identify and implement evidenced based protocols with those clients (Sexton, 1996). The problem lies in that counselors are not adequately trained in accessing and in implementing these protocols. Sexton (2000) notes considerable evidence exists that there is a major disconnect between research and training. Perhaps this lack of preparation might be traced to counseling not being seen as a "hard science." In contrast, medicine has long been utilizing and teaching EBR procedures in their training programs. Evidence based medicine means "integrating individual clinical expertise with the best available external clinical evidence from systematic approach" (Sackett, Rosenburg, Gray, Haynes, & Richardson, 1996, p. 71).

Why, then, are counselor education programs not including EBR? For example, Whiston and Coker (2000) state research based treatment manuals are rarely used in counseling program practicums. What will it take for counselor educators to close the gap

between EBR and their present teaching? Even the Council for Accreditation of Counseling and Related Educational Programs (CACREP), the "gold standard" of counselor preparation programs, does not address EBR in its standards. Furthermore, the literature shows little evidence that this gap is being closed.

Applications

Significant scientific, economic, and political implications are evolving in the counseling field for the integration of EBR with counselor education. Reynolds (2000) reported it is necessary that counselors make decisions for treatment based on both personal experience (i.e., gained as a result of clinical practice) and external evidence (i.e., research studies). She introduced five explicit steps for integrating EBR into counseling:

1. The clinician constructs a specific clinical question concerning the care of a patient or group of patient.
2. The clinician finds the best evidence to answer the clinical question.
3. The clinician evaluates the evidence for its validity and usefulness.
4. The results are applied to the specific patient or group patients.
5. The outcome of the intervention is evaluated.

Use of these five steps can bring about greater transparency and accountability between clinical practice and EBR (Reynolds, 2000).

Recommendations

We have five recommendations for integrating EBR into counselor education programs. These recommendations are based on Reynolds' (2000) model. Our recommendations are:

1. *Formulate the question.* How can we implement the practice of EBR into our counselor education program?

2. *Find the evidence.* Review the literature or find examples of program and EBR integration. If literature is limited, programs may wish to consider completing and publishing their own research of the outcomes of integrating EBR.

3. *Evaluate the evidence.* Create a manageable EBR integration plan. For example, EBR can be integrated into practice-based classes (such as internships or practicums) where students are required to make treatment decisions.

4. *Apply the evidence.* Take action on the plan.

5. *Evaluate the results.* Evaluate the outcomes. Revise the plan as necessary. Implement the revised plan.

Use of these steps is a solid start to bridging the gap between EBR and practice.

Counselor educators may have difficulty accessing literature containing examples of the integration of EBR into their teaching and scholarship. More literature is strongly needed. Given that the standard of utilizing EBR is spreading across all human service fields, we further recommend counselor educators consider implementing EBR into their programs. Specifically, counselor educators should consider integrating EBR into practice-based, theory, and research courses. Finally, we recommend that CACREP consider adding EBR to their standards for counselor education programs.

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Publication Date: 7/2003

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